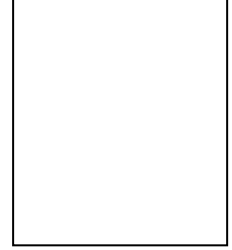




## LIBRARY MEMBERSHIP REGISTRATION FORM

**MEMBERSHIP NO.:** \_\_\_\_\_

(For library use only)



### CATEGORY- CONTRACTUAL EMPLOYEE

I would like to become a member of the Library & Information Division of Indian Pharmacopoeia Commission (IPC). My particulars are as given below:-

**Name (in capital letters):** \_\_\_\_\_

**Qualification:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Date of Joining:** \_\_\_\_\_

**Division:** \_\_\_\_\_

(Copy of appointment letter should be enclosed)

**Residential Address:** \_\_\_\_\_

**Mobile Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

### Library Rules & Regulation:-

1. The membership form is for library use only, thus should not be used for any other purpose.
2. The books/periodicals/ non-print materials etc. will not be issued to the contractual staff and may be consulted in the reading room of the library only.
3. The computers in the library are meant for accessing the electronic resources only. Access to social networking sites and other personal mails of any kind is strictly not permitted.
4. Complete photocopy of books/periodicals is/are not allowed and also personal photocopy is/are not allowed.
5. The Library & Information Officer has the right to cancel the membership, if member is found violating the rules and regulations.

**I hereby agree to abide by the rules and regulations of Library & Information Division of IPC.**

**Date:** \_\_ / \_\_ / \_\_\_\_

**Employee's Signature:** \_\_\_\_\_

**Officer-in-Charge Signature:** \_\_\_\_\_

(For Library use only)

This Membership is temporary & non-transferable.

**Checked by:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Lib. & Information Officer**

